

REVIEW OF THE FY 2008 MENTAL HEALTH BLOCK GRANT PLAN

THE STATE OF NEW HAMPSHIRE

A multistep process was used to complete the consultative peer review of the New Hampshire Mental Health Block Grant for FY 2008. Three members of the Northeast Region Review Panel individually reviewed plans and application materials submitted by the State and Mental Health Planning Council (MHPC). Those reviewers then discussed their individual findings with other Panel members and consolidated their comments, requests for additional information, or potential modifications to the plan. The State and the MHPC then met with the Review Panel to review the plans and application.

The review was opened by the State and MHPC providing an overview of the status of New Hampshire's mental health system. During the consultative review process, the Review Panel, the State, and the MHPC discussed areas of strengths and challenges in the plan concerning key mental health issues in the New Hampshire.

This document is a synthesis of the oral and written presentations of the State's designees and the MHPC's representatives, oral and written presentations of the members of the Review Panel, and the responses of the State's designees and MHPC designees to questions posed by Review Panel members. Where recommended by the panel, this document also contains a list of modifications to the plan to be completed in collaboration with the State's Project Officer.

The New Hampshire review was for an application and plan submitted for FY 2008. It was conducted as an open review on October 11, 2007.

STATUS OF MENTAL HEALTH SERVICES IN THE STATE OF NEW HAMPSHIRE

The State Planning and Review Specialist for the Bureau of Behavioral Health in the New Hampshire Department of Health and Human Services noted the effort in achieving legislation to support expanding evidence-based practices (EBPs) and a mental health system for all ages through the development of Individualized Resiliency and Recovery Oriented Services (IROS). Following the passage of this transformation-oriented legislation, the Mental Health Authority has provided extensive training and technical assistance to ensure appropriate implementation.

IROS replaces Mental Illness Management Services and enables provider billing for EBPs. IROS is defined by the State as providing "a model for collaboration between mental health providers and consumers to promote recovery by establishing an effective quality system of supports so that the consumer can minimize the use of acute hospital services" and "to achieve recovery-oriented functional goals in the community." Two EBPs – Illness Management and Recovery and Supported Employment – are reimbursed in the adult IROS reimbursement scheme. The State is using the assistance of Dartmouth Psychiatric Research Center to train staff at local mental health centers.

To implement IROS for children and adolescents, then State has been focusing on the content of skills training for mental health center staff to ensure relevance for the workforce serving this age group. Training has included Stages of Change, Motivational Interviewing, and Cognitive Behavioral Counseling. It is believed the training in foundation skills will increase the competencies of the workforce and provide a means to introduce EBPs for children and adolescents.

A Governor's Commission to Develop a Comprehensive State Mental Health Plan was created by legislation in 2005. A final report is due December 1, 2008. Commission activities have been in line with the goals of the President's New Freedom Commission and focus on consumer and family driven services; quality services, including EBPs; integrated mental health, substance use, and primary health care; eliminating disparities; an integrated electronic information network; and corrections. The New Hampshire Endowment for Health is funding the work of the Commission.

In addition to providing training in EBPs and assisting the Mental Health Commission, New Hampshire is improving its system to collect, analyze, and report data. The State is developing a new data system. It is anticipated that the new data system will be fully functional by January 2008. The Mental Health Authority believes the new data system can be used to identify trends and have accurate treatment outcome reporting from consumers. The data system, named Phoenix, accepts data files from mental health centers and generates tables for reporting to the Center for Mental Health Services as well as management reports for the centers and the State Mental Health Authority.

The Bristol Observatory of Vermont is assisting New Hampshire with the development of a process to understand the array of services people served by mental health centers receive from multiple other sources. Statistical analysis will be conducted using Probabilistic Population Estimation. This process is designed to estimate the unduplicated number of persons in the mental health system and served by the mental health system and corrections, housing and homeless, labor, justice, education, substance abuse, private hospitals, or residential treatment centers for children. The results will be used in the reporting of the URS tables.

Creating a teleconferencing infrastructure has been an important step in working toward mental health system transformation in New Hampshire. State funds, funds from local mental health centers, and a foundation grant have ensured that all mental health centers in the State have teleconferencing equipment and capacity. The technology is being used for psychiatric and medical consultation, training, and hearings for involuntary treatment.

New Hampshire reported in Table 4 that it plans to expend \$1,529,533 in Federal Block Grant funds and \$4,765,423 in State funds – a total of \$6,294,956 – for transformation activities in FY 2008.

The State of New Hampshire responded to all nine National Outcome Measures and identified and reported on several State specific performance measures.

In response to the State's overview, the Primary Reviewer noted, "In spite of formidable systemic challenges, (the Mental Health Authority in) New Hampshire has done a tremendous job with maintaining and in some cases expanding services and access."

MHPC

Approved with modifications

The Children's Co-Chair of the New Hampshire Planning Council described a successful year in which two age-specific Planning Councils were merged into one council. The State formerly supported both the New Hampshire Adult Mental Health Planning and Advisory Council and the Council for Children and Adolescents. The State now recognizes and supports the single State Mental Health Planning and Advisory Council. With a maximum membership of 51, the new Planning Council has 32 active members who participate in work groups and committees.

Activities in addition to finalizing organizational issues included establishing work groups to review and comment on the Block Grant application, the State Plan, and the mental health service system. The work groups are Advocacy, Membership, Monitoring and Evaluation and State Plan.

Priorities for the Planning Council include the transition issues of youth and adults, family centered services, integrated adult services for persons with co-occurring disorders, integrated services for children, adult employment and education services, and respite care for all ages.

The new Planning Council was successful in advocating for retaining the position of the Director of the Office of Consumer Affairs.

The Governor had implemented a statewide hiring freeze and all positions of non-essential personnel, across all state departments, that were vacant at 6 months were abolished. The waiver request process was undertaken by the Bureau but the DHHS administration declined to reinstate the position. The Bureau was vigorously opposed to the abolishment of the position and appreciated the advocacy efforts of the Council on behalf of retaining the position in the face of the of budget cuts that were impacting all divisions in the Department.

The Primary Reviewer noted and applauded the Council's advocacy work. Of importance is the Council's selection of transition practices affecting both adult and children's services as a new State transformation performance measure. Also significant is the membership of a 16-year old youth on the Council. The Membership Chair provided a description of the new Council's efforts to develop further, utilizing strategic recruitment approaches to include representation from currently underrepresented groups and distant areas of the state.

The Review Panel approved the Planning Council section with modifications:

Within 30 days, the State of New Hampshire will submit to the Center for Mental Health Services (CMHS) information concerning representation of vocational rehabilitation on the Planning Council.

Within 30 days, the State of New Hampshire will submit to CMHS a measurable plan to improve representation of children with SED and their families on the Planning Council.

Within 30 days, the State of New Hampshire will submit to CMHS a measurable plan to ensure that the membership of the Planning Council does not exceed more than 50 percent of providers and State employees.

REVIEW OF THE ADULT PLAN

The State of New Hampshire funds and manages a comprehensive system of services for adults with serious mental illnesses. The State recently administratively modified its system from “Mental Illness Management Services” to “Individualized Resiliency and Recovery Services,” developing a model for collaboration between mental health providers and consumers to promote recovery.

The State notes that a major challenge to further developing a comprehensive system of services is inadequacy of financial supports, particularly to developing and implementing EBPs. An additional, and equally important, challenge is workforce development. The State reports local mental health agencies have difficulty recruiting and retaining professional staff. Many existing staff are approaching or reaching retirement age.

The Review Panel indicated the format that the State used for its plan and application was difficult to follow and offered suggestions for a different format in future submissions. The State Planner noted that the format NH used followed the Guidance, as it was understood. Some of the instructions for Part C. were a bit confusing and seemed at odds with the WebBGAS format. The State Planner will seek additional clarification prior to preparation of the FY09 application.

Criterion 1: Comprehensive, Community-Based System of Care

Approved

New Hampshire has 10 regional Community Mental Health Centers that provide all community-based treatment and support services. These centers also serve as gatekeepers for admissions to the New Hampshire Hospital and other inpatient facilities. The State operates an online census management report that facilitates discharge planning to ensure appropriate and rapid return to community life.

The community-based system has been enhanced with the statewide implementation of supported employment, an EBP. This program is operated by local mental health centers in collaboration with the State’s Division of Vocational Rehabilitation. Most mental health centers have replaced partial hospitalization programs with supported employment. Individual Career Accounts and Individual Development Accounts are used to help reduce or eliminate poverty. These accounts offer educational, vocational, and home ownership programs. Supported Employment recipients also may earn more and save money without losing access to medical benefits through the State’s Medicaid for Employed Adults with Disabilities.

Each local mental health center also provides a range of supportive housing services, although the demand for safe, affordable housing exceeds the supply. The State also operates Transitional Housing Services, providing living arrangements with appropriate treatment for individuals with limited community living options.

One mental health center operates a statewide program, Referral, Education, Assistance, and Prevention (REAP). REAP is supported by braided funding and provides early substance abuse, medication misuse and mental health intervention for older adults. This is an EBP, providing assessment, early intervention, referral, and educational wellness sessions in natural settings, including residences. The State has found that REAP reduces hospitalization for mental illness and substance use as well as medical hospitalizations due to injury, falls, and accidents. This service has also been found to identify people who would not have sought services in a traditional manner, due to stigma and lack of motivation.

Two functioning Mental Health Courts operate in New Hampshire. Local charity funds and Federal grants are used to sustain these activities, which may divert persons arrested for non-violent crimes into treatment programs. An additional five communities are in the planning stages for Mental Health Courts.

Medicaid continues to be the largest source of funding for community mental health services, although the Mental Health Authority does not have policymaking authority for Medicaid-reimbursed services. However, the Medicaid Authority is focusing on EBPs and the integration of medical and behavioral health care. In addition, the Medicaid representative to the Mental Health Planning Council is an active participant in Council deliberations.

Criterion 2: Mental Health System Epidemiology

Approved

Federal estimates indicate there are 54,367 adults with serious mental illness in the State of New Hampshire. The State estimates that 10,022 adults with serious mental illness were served in the public mental health system in FY 2006 (18 percent of the Federal estimate). Data indicate the community mental health centers served 34,082 adults in that year.

Criterion 3: Children's Services

(Not applicable in the Adult Plan)

Criterion 4: Targeted Services to Rural, Homeless, and Older Adult Populations

The State of New Hampshire is almost entirely rural, according to information provided by the Human Resource Services Administration. The Mental Health Authority and local community mental health centers must consider this when designing and implementing mental health services. A lack of transportation and increased travel time to health care providers is exacerbated with a lack of health and mental health professionals. A major issue in the more rural areas of the State is the increase in admissions to emergency departments of hospitals of people who are uninsured and presenting with a mental illness as a primary diagnosis.

The mental health center serving the most rural part of the State has implemented a multiservice care model integrating mental health, developmental services, and substance use and abuse

services into a network of satellites. This has increased the efficiency of services in this area of the State.

During FY 2006, 6,435 persons were served in shelters serving individuals who were homeless. Of that number, 1,847 were known to have mental illness diagnoses (about 19 percent). New Hampshire has adopted a 10-year plan to end homelessness.

The Bureau of Housing and Homeless manages a HUD-funded Homeless Outreach Intervention Prevention program – a network of 10 outreach specialists who identify and seek to engage people who are homeless and unsheltered. This program served nearly 4,000 persons in 2006.

Thirteen communities have “wraparound” services for older adults. These teams deliver person-directed care to older adults with multiple agency involvement, including people who are homeless or socially isolated. In addition to arranging for necessary services, the Elder Wraparound Teams provide information to an interagency committee, which addresses policy and case specifics for system improvement. In addition to this special service, most local community mental health centers have case managers who work exclusively with adults aged 60 or older.

Criterion 5: Management Systems

Approved with modification

Sufficient information is provided in the application and plan to describe expenditures for mental health services for adults with serious mental illnesses. Information is also provided on planned expenditures for the Block Grant.

The State Mental Health Authority offers and provides training for local mental health center staff in many areas, including person-centered treatment, supported employment, illness management and recovery, individualized resiliency- and recovery-oriented services, stages of change, motivational interviewing, and cognitive-behavioral counseling.

Training based on identified needs is provided to Peer Support Agencies. Additional training will be developed and implemented when the position in the Office of Consumer Affairs is filled.

The New Hampshire-Dartmouth Psychiatric Research Center of Dartmouth Medical School provides some training to mental health center staff and substance abuse treatment providers.

The Disaster Response Behavioral Health Coordinator in the Mental Health Authority is active in linking with the Office of the Chief Medical Examiner and assists in investigating Sentinel Events. This position also provides training to local police departments and coordinates regional Behavioral Health Disaster Response Plans.

The Review Panel did not find sufficient information on staffing resources or the lack thereof for the Mental Health Authority or local mental health services. The panel approved this criterion with one modification:

Within 30 days, the State of New Hampshire will submit to CMHS a description of staffing to adequately implement this plan.

FY 2008 ADULT PLAN
SUMMARY CHECKLIST
STATE: NEW HAMPSHIRE

CRITERION	APPROVED	MODIFICATION RECOMMENDED
1	X	
2	X	
3	N/A	
4	X	
5		X

REVIEWER'S RECOMMENDATION

APPROVED AS WRITTEN: _____

APPROVED WITH WRITTEN MODIFICATION: X

STATE: NEW HAMPSHIRE

LIST OF MODIFICATIONS TO ADULT PLAN:

Within 30 days, the State of New Hampshire will submit to CMHS information concerning representation of vocational rehabilitation on the Planning Council.

Within 30 days, the State of New Hampshire will submit to CMHS a measurable plan to improve representation of children with SED and their families on the Planning Council.

Within 30 days, the State of New Hampshire will submit to CMHS a measurable plan to ensure that the membership of the Planning Council does not exceed more than 50 percent of providers and State employees.

Within 30 days, the State of New Hampshire will submit to CMHS a description of staffing to adequately implement this plan.

STATE DESIGNEE: _____ DATE:

MHPC DESIGNEE: _____ DATE:

If written modifications are required, please send to:

LouEllen Rice
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One Choke Cherry Road
Rockville, MD 20857

REVIEW OF THE CHILD PLAN

Responsibility for services to children in New Hampshire is shared by the Bureau of Behavioral Health, the Division for Juvenile Justice Services, the Division for Children, Youth and Families, Special Medical Services, and Special Education through local School Administrative Units. These five entities, with families and youth, are partners in planning for regional-level mental health programs and services for children.

Each local community mental health center includes a designated Children's Director who meets monthly with the Mental Health Authority, the National Alliance on Mental Illness (NAMI) New Hampshire, the Granite State Federation of Families for Children's Mental Health, the Division for Children Youth and Families, and other agencies or organizations as appropriate. These meetings are opportunities to create a collaborative network for shared learning, program planning and administrative and policy development. The current focus of the collaboration is workforce development, EBP development, and system transformation for children's mental health services.

An administrative rule promulgated by the Mental Health Authority requires regional planning for children's mental health services. The primary purpose of this planning is to ensure that local children's mental health programs are comprehensive and address the needs of individuals from birth to age 21 with serious mental health challenges and their families. A priority for these local planning endeavors is ensuring a youth voice in the process.

Criterion 1: Comprehensive, Community-Based System of Care

Approved with modification

The children's Statewide Individualized Resiliency and Recovery Oriented Services and EBP steering committees worked during the past year to ensure that service descriptions and language in an administrative rule were age and developmentally appropriate. This group also developed and implemented foundational skills training programs relevant to community mental health center staff serving children.

This steering committee and the children's service system has been engaged in planning for the development of EBPs and the implementation of Trauma-Focused Cognitive Behavioral Therapy (TFCBT). Work is progressing with the assistance of the Dartmouth Trauma Research Center, West Central Behavioral Health (a local community mental health center) to work with the National Child Traumatic Stress Network for the Partners in Adolescent Trauma Treatment project. EBPs are being planned in partnership with Dartmouth.

A teleconferencing network that encompasses all local community mental health centers, the Mental Health Authority, and Dartmouth is being used to provide training in TFCBT.

The Mental Health Authority is partnering with the State Department of Education to develop Positive Behavioral Interventions and Supports infrastructures in local school systems. More than 17 percent of the schools in New Hampshire have implemented this intervention.

Integrating children's services into a system of care remains a priority. A regional planning process is being used to improve linkages between families, mental health centers, Juvenile Justice, and Child Protection and Public Health providers. A plan to use an Administrative Services Organization approach is being considered.

The Review Panel found the State's response to Criterion 1 to be missing reference to any specific EBP. Also missing was information on a plan to reduce the use of inpatient beds. This criterion was approved with two modifications:

Within 30 days, the State of New Hampshire will submit to CMHS a performance indicator for one EBP or an action plan to develop and implement one EBP under Criterion 1.

Within 30 days, the State of New Hampshire will submit to CMHS a plan to reduce the use of inpatient beds under Criterion 1.

Criterion 2: Mental Health System Data Epidemiology

Approved

The State estimates there are 300,904 children under the age of 18 in New Hampshire. Of those children, the Federal estimate of children with serious emotional disturbance is 16,549 (about 5.5 percent). The State reports that its mental health system serves 10,208 children, and 8,080 of those meet the State's established criteria for SED.

The plan and application include plans to increase access to services and plans for reduced use of inpatient beds for children.

Criterion 3: Children's Services

Approved with modification

The Mental Health Authority contracts with local providers for such services as family-to-family education and support, youth leadership development and wraparound training. The Granite State Federation of Families for Children's Mental Health and NAMI New Hampshire are represented in collaborative initiatives and projects that support program development and coordination.

The Mental Health Authority is involved in a collaborative project with the State's Division of Children Youth and Families to ensure that children entering foster care are screened for mental health issues. The Division also has a Therapeutic Foster Care program in place.

Local community mental health center staff provide a substance abuse screening for all youth at intake. Services for youth with substance abuse are provided by the mental health centers, or they are referred to substance abuse treatment providers.

Some mental health services are provided in schools for students with Individual Education Plans. Schools may bill Medicaid for these services.

Fourteen regional infant mental health planning teams are funded through a braided funding contract managed by the Mental Health Authority. These regional teams develop annual action plans to improve service access for children aged 0–6 and their families. A current emphasis is improved linkages with local pediatricians and primary care providers and improving access to substance use services.

The Review Panel found the plan and application to be abundant in its discussion of collaborative projects and endeavors. The plan and application would have been complete with a description of services provided to children with serious emotional disturbance and objectives for the collaborations.

The Review Panel recommended one modification to this criterion:

Within 30 days, the State of New Hampshire will submit to CMHS a description of employment services for youth under Criterion 3.

Criterion 4: Targeted Services to Rural and Homeless Populations

Approved with modifications

The Mental Health Authority conducts an annual point in time survey with local community mental health centers to identify homeless youth served by each center. Collected data will be used to develop plans to serve this population.

New Hampshire is almost entirely rural. The State's plan and application refer to the Adult Plan, which does not have specific information on serving children with serious emotional disturbance who reside in rural areas of the State.

The Review Panel approved this Criterion with two modifications:

Within 30 days, the State of New Hampshire will submit to CMHS a description of homeless services for youth under Criterion 4.

Within 30 days, the State of New Hampshire will submit to CMHS a description of rural services for youth under Criterion 4.

Criterion 5: Management Systems

Approved with modification

Sufficient information is provided in the application and plan to describe expenditures for mental health services for children with serious emotional disturbance. Information is also provided on planned expenditures for the Block Grant.

In addition to providing Foundation Skills Training, a plan has been developed to train providers in EBPs and TFCBT. EBPs being considered include treatment for disruptive behavior disorders, Cognitive Behavioral Therapy for anxiety and depression, and trauma treatment for younger children.

The Mental Health Authority and local community mental health centers work together to ensure that children and adolescents who are vulnerable to behavioral health crises during times of disaster are served. Regional Behavioral Health Disaster Response Plans are in place to guide the delivery of these services.

The Review Panel did not find sufficient information on staffing resources or the lack thereof for the Mental Health Authority or local mental health services. The panel approved this criterion with one modification:

Within 30 days, the State of New Hampshire will submit to CMHS a description of staffing to adequately implement this plan.

FY 2008 CHILD PLAN

SUMMARY CHECKLIST

STATE: NEW HAMPSHIRE

CRITERION	APPROVED	MODIFICATION RECOMMENDED
1		X
2	X	
3		X
4		X
5		X

REVIEWER'S RECOMMENDATION

APPROVED AS WRITTEN: _____

APPROVED WITH WRITTEN MODIFICATION: X

STATE: NEW HAMPSHIRE

LIST OF MODIFICATIONS TO CHILD PLAN:

Within 30 days, the State of New Hampshire will submit to CMHS a performance indicator for one EBP or an action plan to develop and implement one EBP under Criterion 1.

Within 30 days, the State of New Hampshire will submit to CMHS a plan to reduce the use of in-patient beds under Criterion 1.

Within 30 days, the State of New Hampshire will submit to CMHS a description of employment services for youth under Criterion 3.

Within 30 days, the State of New Hampshire will submit to CMHS a description of homeless services for youth under Criterion 4.

Within 30 days, the State of New Hampshire will submit to CMHS a description of rural services for youth under Criterion 4.

Within 30 days, the State of New Hampshire will submit to CMHS a description of staffing to adequately implement this plan.

STATE DESIGNEE: _____

DATE:

MHPC DESIGNEE: _____

DATE:

If written modifications are required, please send to:

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SAMHSA
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